

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

79828644

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6		1		1		
7		4		4		
8		4		4		
9		4		4		
10		4		4		
11		4		4		
12		4		4		
13		4		4		
14		4		4		
15		4		4		
16		4		4		
17		4		4		
18		4		4		
19		4		4		
20		4		4		
21	X	4		4		
22	1	X	1			
23		X				
24		X				
25		5		5		
26		4		4		
27		4		4		
28		4		4		
29		4		4		
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40	1		1			
41						
42						
43						
44						
45	1		1			
46						
47						
48	1		1			
49						
50						
TOTAL IND.	21		22		1	
TOTAL DEP.	170		130		5	
TOTAL CLAIMS	191		152		6	

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
52								
53	1		1					
54								
55								
56	1		1					
57								
58								
59								
60	1		1					
61								
62								
63								
64								
65	1		1					
66	1		1					
67								
68								
69	1		1					
70								
71								
72								
73								
74	1		1					
75	1		1					
76		2		2				
77		2		2				
78	1		1					
79								
80								
81								
82								
83								
84								
85		2		2				
86	1		1					
87								
88								
89		2		2				
90								
91								
92								
93								
94								
95								
96	1		1					
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY

SERIAL NO

09/828,644

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS